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Bib Data Sheet

CONFIRMATION NO. 6375

SERIAL NUMBER 09/692,804	FILING DATE 10/20/2000 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 98-004CIP	
APPLICANTS Walter Wesley Howe, Alpharetta, GA; ** CONTINUING DATA ***** This application is a CIP of 09/418,436 10/14/1999 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/08/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 24	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 11
ADDRESS 32127					
TITLE Method and system for reporting events in telecommunication networks					
FILING FEE RECEIVED 1818	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/418,436 10/14/1999 O.A.				
** FOREIGN APPLICATIONS ***** NONE O.A.				
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input type="checkbox"/> O.A. Verified and Acknowledged <u>01/13/01 [Signature]</u> <u>DA</u> Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 24	TOTAL CLAIMS 45
INDEPENDENT CLAIMS 11				
ADDRESS Christian Andersen Verizon Services Group 600 Hidden Ridge, HQE03G13 Irving, TX 75038				
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